

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>MULTI MEDIA SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 05 / 2014</b>		
Mailing Address <b>915 KING STREET</b> <b>2ND FLOOR</b>			Amount <b>30000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.71847</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 01 / 2014</b>		
Name of Federal Candidate <b>RYAN K ZINKE</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>99576.00</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>MULTI MEDIA SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 05 / 2014</b>		
Mailing Address <b>915 KING STREET</b> <b>2ND FLOOR</b>			Amount <b>30000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.71848</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 01 / 2014</b>		
Name of Federal Candidate <b>MATT ROSENDALE</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>129576.00</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>60000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>60000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT HOMMEL

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 05 / 2014**

Signature